



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE  
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

3. This Statement covers From: 10-18-10 to 12-1-10

1. Committee I.D. Number

150579

4. Candidate Last Name

DAVIS

First Name

Joe

M.I.

F.

4a. Office Sought Including District # or Community Served (If applicable)

4TH DISTRICT COUNTY COMMISSIONER

b. County of Residence

BAY

2. Committee Name

Joe F. Davis For County Commissioner

5. Committee's Mailing Address

909 N. WENONA  
BAY CITY, MI. 48706

Area Code and Phone 989-922-2240

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

6. Treasurer's Name & Residential Address

Jodi L. Brayman  
938 PALOMINO WAY  
AUBURN, MI 48611

Area Code & Phone

989-980-2866

7. Treasurer's Business Address

Jodi L. Brayman  
938 PALOMINO WAY  
AUBURN, MI. 48611

Area Code and Phone 989-980-2866

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Joe Davis  
909 N. WENONA  
BAY CITY, MI. 48706

Area Code and Phone

989-922-2240

**9. TYPE OF STATEMENT**

9a. ☐

Pre-Election

OR

9b. ☒

Post-Election

Pre-Election or Post-Election Statement relates to:

☐

Primary

☒

General

☐

Convention

☐

School

☐

Special

☐

Caucus

Date of Election, Convention or Caucus

11/2/10

9c. ☐

Annual Statement ( \_\_\_\_\_ Coverage Year)

9d. ☐

Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐

Dissolution of Candidate Committee

Effective Date of Dissolution

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

Designated Record keeper

Jodi L. Brayman

Type or Print Name

Jodi L. Brayman

Signature

Date

12/1/10

Candidate

Joe F. Davis

Type or Print Name

Signature

Date

12-1-10



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

1. Committee I.D. Number 150579

2. Committee Name Joe & Davis for County Commissioner

**SUMMARY PAGE  
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
<b>3. Contributions</b>			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>550</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>550</u>	(18.) \$ <u>1,975</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$	<u>—</u>	(19.) \$ <u>—</u>
<b>5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS</b> (Add Line 3c + Line 4)	(5.) \$	<u>550</u>	(20.) \$ <u>1,975</u>
<b>IN-KIND CONTRIBUTIONS &amp; EXPENDITURES</b>			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$	<u>—</u>	(21.) \$ <u>—</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$	<u>—</u>	(22.) \$ <u>—</u>
<b>EXPENDITURES</b>			
<b>8. Expenditures</b>			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>1,558.61</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$	<u>—</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>—</u>	
<b>9. TOTAL EXPENDITURES</b> (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>1,558.61</u>	(23.) \$ <u>1,558.61</u>
<b>INCIDENTAL EXPENSE DISBURSEMENTS</b> (Officeholders Only)			
<b>10. Disbursements</b>			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$	<u>—</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$	<u>—</u>	
<b>11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS</b> (Add Line 10a + Line 10b)	(11.) \$	<u>—</u>	(24.) \$ <u>—</u>
<b>DEBTS AND OBLIGATIONS</b>			
<b>12. Debts and Obligations</b>			
a. Owed by the Committee (Schedule 1E)	(12a.) \$	<u>—</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$	<u>—</u>	
<b>BALANCE STATEMENT</b>			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>1,425</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>550</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$	<u>1,975</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>1,558.61</u>	
<b>17. ENDING BALANCE</b> (Subtract line 16 from line 15)	(17.) \$	<u>416.39</u> *	



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE

1. Committee I.D. Number 150579  
2. Committee Name Joe F. Davis For County Commission

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10-19-10</u> Name & Address: <u>WARREN Myrick</u> <u>2500 JAMES RD</u> <u>BAY CITY, MI. 48708</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10-19-10</u> Name & Address: <u>DIANNE Engelhardt</u> <u>4737 Beverly LN</u> <u>BAY CITY, MI 48706</u>		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10-19-10</u> Name & Address: <u>EMMONS Engelhardt</u> <u>4737 Beverly LN</u> <u>BAY CITY, MI 48706</u>		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10/21/10</u> Name & Address: <u>JAMES O'HEARY</u> <u>2992 LYSTEN DR</u> <u>ONSTED, MI 49265</u>		\$ <u>25</u>	\$ <u>25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal

175.00

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED CONTRIBUTIONS  
SCHEDULE 1A  
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150579  
2. Committee Name Joe F. Davis For County Commission

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report all contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10-22-10</u> Name & Address: <u>Allen Kennedy</u> <u>3140 Dillon Rd.</u> <u>Flushing, MI 48433</u>		<u>\$ 250.00</u>	<u>\$ 250.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Gen. Mgr</u> Employer <u>Bay Aggregates Inc.</u> Business Address <u>411 TIERMAN RD Bay City, MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution #2      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10-22-10</u> Name & Address: <u>JASON GOWER</u> <u>4630 S. FLAJOLE RD.</u> <u>MIDLAND, MI 48642</u>		<u>\$ 100</u>	<u>\$ 100</u>
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 3      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt <u>10-25-10</u> Name & Address: <u>Doug DuRussel</u> <u>6049 HASKEL RD.</u> <u>VASSAR, MI 48768</u>		<u>\$ 25</u>	<u>\$ 25</u>
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	
3. Contribution # 4      PAC Receipt? <input type="checkbox"/> YES      4. Date of Receipt _____ Name & Address:		\$ _____	\$ _____
5. If over \$100.00 cumulative, please provide: Occupation _____      Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		<a href="#">Click Here for Memo Itemization</a>	

Page Subtotal

375

Grand Total of All Schedules 1A  
(Complete on last page of Schedule)

550

Enter this total on  
line 3a of Summary  
Page.



**ITEMIZED EXPENDITURES  
SCHEDULE 1B  
CANDIDATE COMMITTEE**

1. Committee I. D. Number 150579  
2. Committee Name Joe K Davis For County Commissioner

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<b>Expenditure #1</b> Name <u>Klender Design Inc.</u> Address <u>3791 E. WILSON RD.</u> <u>BAY CITY, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Sign.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-17-10</u> Date	\$ <u>222.60</u>
<b>Expenditure #2</b> Name <u>MIDMICHIGAN PRINTING.</u> Address <u>3849 Rogers Rd.</u> <u>MIDLAND, MI. 48642</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>LIT &amp; Envelopes.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-18-10</u> Date	\$ <u>530.00</u>
<b>Expenditure #3</b> Name <u>KING FISH RESTAURANT</u> Address <u>1019 N. WATER ST.</u> <u>BAY CITY, MI. 48708</u> <input checked="" type="checkbox"/> Fund Raiser	Purpose: <u>FUNDRAISER FROM PRIMARY</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10-18-10</u> Date	\$ <u>146.01</u>
<b>Expenditure #4</b> Name <u>US POSTMASTER</u> Address <u>WASHINGTON AVE</u> <u>BAY CITY, MI. 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/27/10</u> Date	\$ <u>572.00</u>
<b>Expenditure #5</b> Name <u>US. POSTMASTER</u> Address <u>WASHINGTON AVE.</u> <u>BAY CITY, MI. 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MAILING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>10/28/10</u> Date	\$ <u>88.00</u>

Subtotal this page 1,558.61  
Grand Total of all Schedules 1B  
(Complete on last page of Schedule) 1,558.61  
Enter this total on line 8a of Summary Page